West of the Rockies

Letter from northern California

Mission to Mindanao

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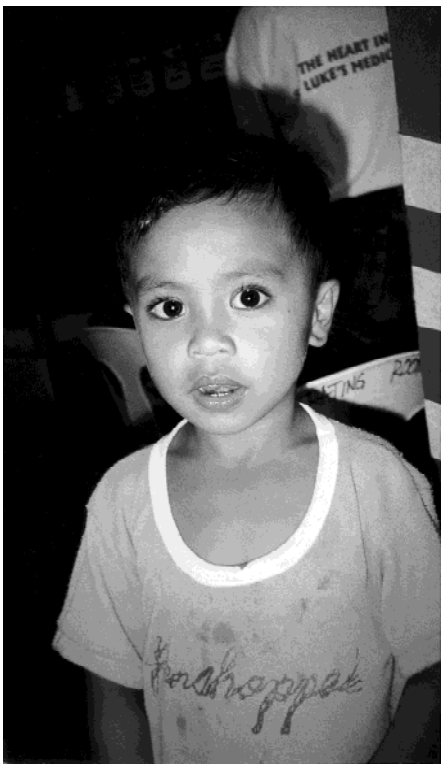
The air in the plane became warmer and more humid as we continued our southbound descent into Butuan City. The regional airport flirted from behind miles of coconut groves, showing itself as a single strip of concrete. Passengers and cargo were transferred to 2 buses and several large trucks, but it took a 3-hour bus ride before the 115 members of our medical team arrived at Surigao del Norte Province.

Surigao City, the provincial capital and site of this year's mission, watches over the Mindanao Sea from the extreme northern tip of Mindanao Island. This large, southern island of the Philippines lies closer to the equator than the other islands and is arguably the most tropical island in the nation.



Children were curious to see the American doctors who came to provide care

Our mission group, the Philippine Medical Society of Northern California, is a nonprofit organization of volunteer physicians, nurses, and medical and premedical students. Every January, we fly from the San Francisco Bay Area to a preselected site. Although this is only the second year I have taken part, the mission has occurred annually for the past decade.

We are petitioned by many provincial governments, but our selection criteria are straightforward, and we choose the poorest site that is capable of supporting our medical team. All team members donate vacation time and pay for their own travel and lodging expenses. We bring surgical equipment and donated medicines and sometimes leave expendable equipment for the use of local physicians. The local governments usually support our mission by providing local transportation, security, and most meals.

In Surigao, our team was given headquarters near the city center at the Caraga Regional Hospital, a white 2-story building about the size of a rural post office. Upon our arrival, we had to push through a crowd that had started gathering a day earlier because local radio stations had broadcast our visit.

The faces were many and varied—some merely curious to see what American doctors looked like, but others appeared more desperate. Mothers held sick infants; children supported weak parents—all oblivious to the rain, and all hoping to be noticed.

Unlike most of the physicians and nurses, who were emotionally prepared by previous missions, the magnitude of the people's plight brought some students to tears. While the crowd wondered, "When do they start?" our team grappled with "Where do we begin?"

By the end of the day, we had taken over the hospital through the sheer number of our physicians and the availability of subspecialists. Our surgeons assumed control of the op-

erating and recovery rooms, and the medical team created an outdoor primary care clinic.

Patients and family frequently shared a single bed, and the hallways were lined with those awaiting care. Basic x-ray and laboratory tests could be obtained, but any service beyond that was a pleasant surprise. The local nursing staff was so extended that assistance from family members was routine and expected.

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The intensive care unit had only 2 beds. Supplemental oxygen was available, but ventilators were not. For those in respiratory failure, the family took turns hand-squeezing an air bag—often for days on end. This was not a place where the critically ill were likely to survive.

Each day, patients lined the hallways awaiting care

Once the mission had started, each day became a dawn-to-dusk affair. The bulk of our mission team consisted of surgeons and operating room nurses, and they clearly had the most visible impact.

Teams of otolaryngologists and plastic surgeons operated on dozens of infants with cleft lips and palates. Ophthalmologists removed cataracts nearly round-the-clock, returning sight to hundreds. Orthopedic surgeons did what they could to improve the use of malformed or poorly healed limbs. Other surgeons operated on dozens of patients with huge goiters, underscoring the irony that an island nation could be so iodine-deficient.

At the outdoor medical clinic, internists, family physicians, dentists, and pediatricians struggled with the multitude. For some, our physicians might be the only health care professionals they would ever see. Many people presented late in the course of their disease, and what would have been curable, if caught early in the United States, was here untreatable. The lack of modern radiology and laboratory departments restricted us from practicing optimal medicine, but we were usually able to take a good guess at the disease and provide the most likely therapy. For those merely curious, we handed out multivitamins to justify their long trek to the clinic.

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At the start of a mission, I fool myself into believing that I am prepared for the severe level of suffering I will see. Afterward, I find myself recounting too many cases that have astonished me. Perhaps most numbing is the extreme stoicism with which even the harshest diagnosis is accepted—a "whatever-God-wills" attitude reflecting a lifetime of both devotion and deprivation.

Despite the volume, many individual faces are unforgettable: The young girl with elephantiasis whose leg outweighed the rest of her body. The young mother with a cleft lip who insisted that her infant, who also had a cleft lip, be treated first. The ecstatic grandmother who no longer had to be led around after a cataract was removed.

The magnitude of the people's plight brought some students to tears

Often I would see some horrific, exotic disease, and I would be torn between the desire to take a photograph and hesitation. Ultimately, I refrained from the picture taking because I realized that the patient had been stared at enough.

We continued the mission until our supply of useful medicine had been exhausted. On the last day, the waiting line was almost as long as on the first, and the new challenge became to send people away. We had treated almost 9,000 patients, a new record, but that number was meaningless to those remaining. Despite their hopes that we would return someday soon, we knew that next year we would be going somewhere else.

A month later, I was sitting at a computer terminal. It was a pristine, snowy-white day in New England, and I was sitting in a comfortable chair on a newly constructed medical ward in a well-heated hospital within a large, well-equipped medical center. I was drinking a cup of fresh coffee and complaining to myself about how slow the computer was working that day. I caught myself mid-sentence when I shamefully realized that I had nothing to complain about.

The Philippine Medical Society of Northern California may be contacted at: Medical Missions Office, 3321 Clearview Terrace, Fremont, CA 94539. Dr Angelo Ozoa and Mr Brad Freitag provided valuable assistance in the preparation of this manuscript.